

MENTAL HEALTH UPDATE

August 12, 2009

Pieces Of History In Vermont Mental Health

The “Pieces of History” series in the Mental Health Update describes key events and significant policy milestones in the evolving Mental Health Systems of Care, thus, connecting our past to the present.

1988 Vermont’s Act 264 clearly addressed the major concerns expressed by families, providers, advocates, and stakeholders in the 1980s through several strategies designed to create a coordinated interagency system of care. We looked at Strategy #1 in the July 15 issue; here is the second strategy

Act 264 charged the commissioners of mental health, education, and child welfare to create **an interagency system of care**. Until this point, each state department planned and funded services separately from other departments for the people it was legally charged to serve. This led to each department looking at specific children as “their responsibility” or “not their responsibility.” Consequently, if a child and family was “their responsibility,” it was solely their responsibility, and other departments did not feel a responsibility to contribute. This “silo” approach looked neat on paper, but made it next to impossible to meet the various needs of families in real life. An interagency assessment of actual system needs and interagency strategizing on how to develop and pay for services and supports to meet the needs of “our children” and their families provided a more responsive approach.

DMH Launches New Website!

The Department of Mental Health is proud to announce the launch of our new Web site: mentalhealth.vermont.gov.

Designed with the look and feel that will be familiar to visitors of many of the other State of Vermont Web sites, the new DMH site offers ready and improved access to all of the department's information, materials and contacts. From maps and hours of operation of the Vermont State Hospital, to information for parents and service providers, you will be able to get what you need, when you need it.

Please visit us at www.mentalhealth.vermont.gov, explore the pages, and let us know what you think. Forward your comments or suggestions to: tpalmer@vdh.state.vt.us or pbreneman@vdh.state.vt.us

ADULT MENTAL HEALTH

Statewide Program Standing Committee for Adult Mental Health Meets

The Statewide Standing Committee for Adult Mental Health held its combined July and August summertime meetings on Thursday, August 6, 2009. Committee members heard the latest updates on the Department of Mental Health (DMH) from Operations Director Frank Reed and on the Vermont State Hospital (VSH) from Chief Executive Officer Terry Rowe. As part of the DMH update, Standing Committee members reviewed and discussed the department's proposed rescissions. As part of the VSH update, members learned that surveyors from the Centers for Medicare and Medicaid Services (CMS) paid another visit to the State Hospital during the last week in July. Additional visits anticipated in September include surveyors from the Department of Justice (DOJ), a consultant on sensory modulation, and consultation from the Substance Abuse and Mental Health Services Administration (SAMHSA) on the seclusion and restraint grant.

In addition to these regular updates, Standing Committee members heard invited presentations from:

- ◆ DMH's Research and Statistics Unit on the Fiscal Year 2008 *Technical Report on Consumer Evaluation of Community Rehabilitation and Treatment Programs in Vermont*. The report came out in July and is available online at the department's new Web site: <http://mentalhealth.vermont.gov>.
- ◆ Michael Sabourin, on his new position as patient representative at VSH. Michael's duties include contacting patients after their admission to the State Hospital, giving them information about their rights, the grievance process, and other ways in which he can assist them during their inpatient stay.
- ◆ Thomas Simpatico, M.D., Director of the MHISSION—VT Project: MHISSION is an acronym for **M**ental **H**ealth/**S**ubstance Abuse **I**ntergovernmental **S**ervice **S**ystem **I**nteractive **O**ne **N**etwork. The project is funded by a federal Jail Diversion and Trauma Recovery Program—Priority to Veterans grant from the Substance Abuse and Mental Health Services Administration/Center for Mental Health Services (SAMHSA/CMHS). Dr. Simpatico told Standing Committee members that the project's vision is to create the first comprehensive mental health, substance abuse, and traumatic brain injury information exchange in the country.

The next meeting of the Adult Standing Committee will be on Monday, September 14, from 1:00 until 4:30 in the afternoon in Stanley Hall, Room 107.

Vermont's Mental Health Block Grant Planning Council Meets

The state's Mental Health Block Grant Planning Council met on the afternoon of Thursday, August 6, to review DMH's application for Fiscal Year 2010 federal block grant funding from SAMHSA's Center for Mental Health Services. The Planning Council noted the need for increased block grant funding to meet increased needs in economically rough times such as these are. Currently, Vermont receives \$747,755 in

federal block grant funding for services for adults with severe mental illness and for children and adolescents experiencing a serious emotional disturbance and their families.

The Planning Council also noted several advocacy issues of importance in the coming year:

- ◆ Improved coordination of mental and physical health care for individuals with chronic conditions
- ◆ Need for improvement of mental-health services in the correctional system
- ◆ Meeting the needs of transitional-aged youth
- ◆ Low-income housing—a perpetual issue
- ◆ Increased understanding of psychiatric medications
- ◆ More funding for post-adoption issues for families with children with mental-health needs

In light of the possibility of increased funding for the block grant this year (that is, Fiscal Year 2010), Planning Council members decided to write Vermont's Congressional delegation to ask them to support any proposed increase.

Supported Employment Programs to Host Japanese Visitors

The week of August 31 – September 4, 2009 three visitors from Kyoto, Japan and a translator will be visiting with several of Vermont's Adult Community Mental Health Centers' Supported Employment programs and meeting with the Department of Mental Health and the Division of Vocational Rehabilitation's leadership. The guests are traveling from Japan to learn more about how to effectively implement evidence-based supported employment services within their community rehabilitation programs back home. This is the third time Vermont has hosted visitors from Japan to learn about Supported Employment.

CHILDREN'S MENTAL HEALTH

Youth in Transition Grant

The Youth in Transition Grant Cultural and Linguistic Competence Coordinator Mercedes Avila will be leading an ilinc webinar on August 13 as part of the State YIT Outreach and Operations Team's technical assistance for the regional planning groups. The webinar will be about cultural and linguistic competence and will include discussion of "the iceberg of culture", where much is below the surface of what we see/hear. This iceberg concept applies even more broadly to our work; for example, many people involved with the regional planning have expressed surprise that other service or criminal justice providers do so much about which they did not previously know. Surprise opens one to learning, and we are using many strategies to foster continuous learning.

A recent strategy was to attend a national Grantees' meeting, where we were all inspired to meet with Project Thrive personnel from Lewiston, Maine. They have built a trauma-informed system of care for youth, especially by working closely with the elders of a Somali-Bantu refugee population. And their outreach to youth is aided by capturing people's stories on small camcorders, an approach our Young Adult Coordinators (Courtney Bridges and Vanessa Lang) plan to adopt. While at the Grantees' meeting, Courtney, Mercedes, and Vanessa started talking about inviting youth and young adult leaders from various groups, organizations, and the regions to a conference where they

can tell their stories and envision a young adult-driven system of care. If you know someone who should be invited, please let us know! (*Brenda Bean, 802-229-2310, brendajbean@comcast.net*)

Achenbach System of Empirically Based Assessment (ASEBA) Web-Link

DMH has begun the statewide rollout of ASEBA Web-Link to all children's community mental health programs. The Web-Link account will allow direct entry by respondents and classic key-entry for all rating forms in the ASEBA system, and scoring is instantly available. Web-Link also has an e-mail option allowing clinicians to e-mail parents, teachers and other interested parties in order to access Web-Link and complete an ASEBA form. The hope is to make the information more readily available to clinicians for use in their daily work. Additionally DMH will be matching ASEBA data with the Monthly Service Reports to provide DA's and the SSA data about the clients they serve with items such as, diagnosis, age, gender, service categories etc. This will be evolving over the next year. Feel free to check out the ASEBA website www.aseba.org or the Web-Link at www.web-link.org

Upcoming Training: Standardized Assessment in Child and Youth Mental Health

We are pleased to pull together experts from the NFI Family Center, UVM's Achenbach System for Empirically Based Assessment (ASEBA), and the Vermont Child Health Improvement Program (VCHIP) to present a day-long training on using standardized assessment instruments in child and youth mental health. The training will be offered on two separate dates and locations to allow the training to be more accessible for providers from different regions of the state: September 21st in Burlington and September 28th in a central Vermont location yet to be confirmed.

This is a coordinated effort to assist local mental health clinicians, supervisors, and partners to understand the ethics and values behind standardized assessment, the use and clinical interpretation of specific instruments, and the web-based system for the administration and scoring of the ASEBA instruments. The training will cover the use of the Trauma Symptom Checklist for Children and Trauma Symptom Checklist for Young Children (TSCC/ TSCYC), the Parenting Stress Index (PSI), and the Child Behavior Checklist (CBCL). Case examples will be used to demonstrate interpretation and clinical utility of the instruments. This training is the Department's effort to coordinate several projects that are currently underway and using standardized assessments: the ARC trauma project, the Youth in Transition grant, and the roll-out of the ASEBA WebLink in the DA/SSA children's programs.

FUTURES PROJECT

Architectural Planning for Secure Recovery Residence (SRR)

Frank Pitts and Anthony Garner of Architecture Plus engaged stakeholders in an exercise designed to test a range of options for the model of space as it is evolving. The SRR will be designed to reflect the natural separation between home and work, placing bed, bath and living/quiet room clusters at one end and spaces that support programming and work at the other end. Where the dining or great room goes, at either end or in the middle, will affect how and where residents congregate, where staff have to be at any given time, and the flow of activity from going to groups to doing one's laundry. Arranging colored dots representing residents and staff on architectural models helped the group reach consensus

to centralize the dining/great room where it can be most enjoyed. The dots exercise also showed the value of a staff outpost in close proximity to the residential areas where staff can see and hear residents' needs as they may arise. Using the dots to show movement of residents and staff at different times of the day provided more insight on the staffing plan of the SRR. This testing of the architectural models is helping to meet the challenge of designing the 15-bed secure recovery residence such that the architectural model will be parallel to the recovery programming model, that the mission of safety and recovery will be achieved, and that the program of space will allow people to grow in their capacity for self-motivation and recovery. Stakeholders also provided feedback on the necessity of a specific room for family visits, a spiritual room or chapel, multiple activity rooms, and other details that affect overall square footage and costs. Architects will work on whether there is ample space or too much space as they prepare models with different floor plans that may consolidate some use-specific space in favor of space that can serve more than one purpose. Architecture Plus has done an overlay of the building model on the proposed site where the SRR is to be located and it appears to fit. The site overlooks the conservation land behind the state complex in Waterbury. Architects will meet again with the stakeholder planning group on August 31st from 10:00 to 1:00 in Waterbury.

VERMONT INTEGRATED SERVICES INITIATIVE (VISI)

Hold the Date!

The Vermont Integrated Services Initiative, in collaboration with Washington County Mental Health, is pleased to announce that Linda Dimeff will be coming to Vermont on November 2nd and 3rd to provide an *intermediate* training covering modifications to conventional Dialectical Behavior Therapy to better serve individuals dually diagnosed with borderline personality disorder and substance use disorders (DBT-SUD). Linda is widely known as an expert in this field and co-authored the chapter in *Dialectical Behavior Therapy in Clinical Practice* on modifications for substance dependence.

Registration, times and pricing details to follow. CEUs will be available.

Date Set for Annual Peer Support Conference

VISI will be holding its annual peer support for co-occurring disorders conference on September 25th, 2009 at the Killington Grand hotel in Killington, VT. The conference is entitled "Walk a Mile in My Shoes: Moving Toward a Peer-Driven Recovery-Oriented System of Care" and will feature keynote presentations by Moe Armstrong, creator of the Vet-to-Vet and Peer Educators Project, and Phillip Valentine, director of the Connecticut Communities for Addiction Recovery. For more information, go to the [Peer Conference flyer](#).

VERMONT STATE HOSPITAL

Volunteers at VSH

Vermont State Hospital currently has approximately 25 volunteers providing a wide range of services under the direction of Volunteer Services Coordinator Jane Willard. Interested candidates go through an application process, which includes an interview, reference checks, and a background check. Among the groups/services provided:

- Animal Assisted Therapy
- Alcoholics Anonymous Group
- Peer Support (from Vermont Psychiatric Survivors)
- Sing-along Music Group
- Game Night Group
- Advanced Cooking
- Poetry/Creative Writing (from Vermont Humanities Council)
- Books (available from the Waterbury Public Library)
- Tutoring for educational support
- Family Support (through NAMI)
- Spiritual Wellness Group

Vermont State Hospital is grateful for the support provided by these dedicated volunteers.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 52 as of midnight Tuesday. The average census for the past 45 days was 48.9